

Sandy Ninth Annual Fire Station Run INFORMED CONSENT AND AUTHORIZATION

The undersigned, as the parent or guardian of _____, agrees to allow my child to participate in the program/activity described below.

Program / Activity Description

The Sandy Fire Station run takes place on Saturday, September 17, 2016. The runners will travel on roads and sidewalks that are paved and in good condition within the City. The route will begin and end at Fire Station 32. The run starts at 8:00 am. Participation in this run carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include (1) Minor injuries such as a sunburn, windburn, blisters, sprains & muscle ache; (2) major injuries such as, broken bones, dehydration and its associated health risks (3) Catastrophic injuries as well as paralysis and death.

I recognize that the program / activity described above may cause my child to experience some degree of physical and / or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program / activity. I further state that he or she is sufficiently physically fit to safely participate in the program / activity.

Media Release

I give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official Sandy City publicity, such as Sandy City Internet web site, publications, displays and presentations.

Insurance

I understand that in order for my child to participate in the program / activity described above, I am **required** to have health insurance to cover injuries to my minor child arising from his or her participation in the above referenced program / activity and that Sandy City does not carry medical or accident coverage for this purpose. I hereby represent that my child is and will be covered by the following health insurance:

Health Insurance Carrier _____ Policy / Id. Number: _____
(This document will not be processed and your child will not be allowed to participate in the program / activity described above unless all of the requested insurance information is supplied.)

Emergency Medical Care Authorization

In the event my minor child is injured while participating in the program / activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and / or its employees and that subsequent medical treatment may be administered if the opinion of the attending EMT/paramedic/physician such treatment is necessary.

I have carefully read and understand the contents of this document and I specifically intend it to cover my child's participation in the above referenced program / activity.

Name of Child: _____ Age: _____

Name of Parent or Legal Guardian: _____
(Please Print)

Signature _____ Date _____

Person to Contact in case of emergency: _____

Phone Number _____ Relationship to runner: _____